



ADULT AND PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

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DOCUMENT TITLE:

Physician Leukapheresis Procedure Note FRM3

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Form
M0345

DUKE UNIVERSITY HEALTH SYSTEM

APBMT-GEN-001 FRM3 Physician Leukapheresis Procedure Note

Name: _____

Hx#: _____

Procedure Date: ____/____/____

Procedure: Blood-Derived Peripheral Stem Cell Harvesting for Transplantation

Leukapheresis was performed at the:

- ☐ Adult Bone Marrow Transplant Clinic, using the Spectra OPTIA
☐ Pediatric Bone Marrow Transplant Clinic, using the Baxter CS 3000

CPT Code: ☐ 38206 Autologous ☐ 38205 Allogenic

Rationale: The collection of stem cells, by leukapheresis, and reinfusion after the BMT chemotherapy regimen can result in a new immune system for the recipient. Leukapheresis is usually initiated when the peripheral stem cell count, or CD34, is 10 or above.

The patient/donor mononuclear cells (stem cells) were mobilized by:

☐ GCSF ☐ Chemo/GCSF ☐ Mozobil ☐ GCSF/GM-CSF ☐ Other: _____

The procedure was performed via the patient/donor:

☐ Central Venous Access Device ☐ Peripherally inserted IV lines ☐ Femoral Central Line
Leukapheresis was approved with the following exceptions:

- | | |
|--|--|
| <input type="checkbox"/> Temperature > 38° C | <input type="checkbox"/> Platelets <50,000 |
| <input type="checkbox"/> Heart Rate <50 or >120 | <input type="checkbox"/> WBC <1,000 or >60,000 |
| <input type="checkbox"/> Systolic BP <80 or >160 | <input type="checkbox"/> CD 34 <10 |
| <input type="checkbox"/> Diastolic BP <50 or >90 | <input type="checkbox"/> %ECV >15% |
| <input type="checkbox"/> Hematocrit <30% | <input type="checkbox"/> %RCV >15% |

Potential Side Effects:

- Citrate Toxicity: numbness and tingling of the fingers and lips. This is a side effect of the anticoagulant ACD used during leukapheresis. Calcium replacement, oral or IV, is given to prevent and treat this side effect.
- Clotting: clots can occur in the lumen of the IV catheter. These clots can be lysed, or dissolved, with Alteplase. This can be done by the apheresis nurse in the ABMT clinic.
- Catheter infection: the risk of infection occurs with any catheter insertion and may necessitate removal of the device.

Patient/Donor Status:

- Tolerated the procedure well: ☐ Yes ☐ No
- Side Effects: ☐ Citrate Toxicity ☐ Clot ☐ Infection ☐ Other: _____

☐ The patient/donor was seen and discussed with the apheresis nurse. Laboratory results and CD 34 count were reviewed. The plan was discussed with the apheresis nurse.

☐ Comments: _____

Physician Signature

APBMT-GEN-001 Physician Leukapheresis Procedure Note
 Duke University Health System
 Durham, NC

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Instructions for Completing the Physician Leukapheresis Procedure Note

The Physician is to complete a procedure note for each apheresis procedure.

Field	Requirement
Name/Hx #	Record patient name and history number.
Procedure Date	Record date of apheresis.
Procedure:	Check appropriate box: Adult or Pediatric BMT Clinic. Check appropriate box for CPT Code: Autologous or Allogenic.
The patient/donor mononuclear cells were mobilized by:	Check the appropriate box(s) for the method(s) of stem cell priming.
The procedure was performed via the patient/donor:	Check the appropriate IV access box the patient has for apheresis.
Leukapheresis was approved with the following exceptions:	Check the appropriate box(s) if any parameter(s) are out of the listed ranges.
Patient/Donor Status:	Check the appropriate box(s) as to how the patient tolerated the procedure, and if any side effects occurred.
The patient/donor was seen. Labs and CD34 reviewed. The patient and plan was discussed with the apheresis nurse.	Check the box if patient was seen, lab results reviewed, and the patient plan was discussed with the apheresis nurse.
Comments	Check box and record any apheresis comments here.
Physician Signature/Date	Physician is to sign and date.

Form
M0345

DUKE UNIVERSITY HEALTH SYSTEM

APBMT-GEN-001 FRM3 Physician Leukapheresis Procedure Note

Name: Jane DoeHx#: XXX000Procedure Date: 01 / 12 / 06**Procedure:** Blood-Derived Peripheral Stem Cell Harvesting for Transplantation

Leukapheresis was performed at the:

☒ Adult Bone Marrow Transplant Clinic, using the Spectra OPTIA☐ Pediatric Bone Marrow Transplant Clinic, using the Baxter CS 3000CPT Code: ☒ 38206 Autologous ☐ 38205 Allogenic**Rationale:** The collection of stem cells, by leukapheresis, and reinfusion after the BMT chemotherapy regimen can result in a new immune system for the recipient. Leukapheresis is usually initiated when the peripheral stem cell count, or CD34, is 10 or above.

The patient/donor mononuclear cells (stem cells) were mobilized by:

☐ GCSF ☒ Chemo/GCSF ☐ Mozobil ☐ GCSF/GM-CSF ☐ Other: _____

The procedure was performed via the patient/donor:

☒ Central Venous Access Device ☐ Peripherally inserted IV lines ☐ Femoral Central Line**Leukapheresis was approved with the following exceptions:**☐ Temperature > 38° C☒ Platelets <50,000☐ Heart Rate <50 or >120☐ WBC <1,000 or >60,000☐ Systolic BP <80 or >160☐ CD 34 <10☐ Diastolic BP <50 or >90☐ %ECV >15%☐ Hematocrit <30%☐ %RCV >15%**Potential Side Effects:**

- Citrate Toxicity: numbness and tingling of the fingers and lips. This is a side effect of the anticoagulant ACD used during leukapheresis. Calcium replacement, oral or IV, is given to prevent and treat this side effect.
- Clotting: clots can occur in the lumen of the IV catheter. These clots can be lysed, or dissolved, with Alteplase. This can be done by the apheresis nurse in the ABMT clinic.
- Catheter infection: the risk of infection occurs with any catheter insertion and may necessitate removal of the device.

Patient/Donor Status:

- Tolerated the procedure well: ☒ Yes ☐ No

- Side Effects: ☐ Citrate Toxicity ☐ Clot ☐ Infection ☐ Other: _____

☒ The patient/donor was seen and discussed with the apheresis nurse. Laboratory results and CD 34 count were reviewed. The plan was discussed with the apheresis nurse.☒ Comments: The patient was transfused with plateletsDr. Nick Drago, MD

Physician Signature

01 / 12 / 06

Date

Signature Manifest**Document Number:** APBMT-GEN-001 FRM3**Revision:** 03**Title:** Physician Leukapheresis Procedure Note FRM3

All dates and times are in Eastern Time.

APBMT-GEN-001 FRM3 Physician Leukapheresis Procedure Note**Author**

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